

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)**RECEIVED**

OCT 15 2010

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

OFFICE OF THE
CLERK OF THE
HAMILTON COUNTY COURTS
HAMILTON COUNTY INDIANAIS THIS AN AMENDMENT? ☐ Yes ☒ No**COMMITTEE INFORMATION**

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name
<u>Linda Lou Williams</u>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
<u>NONE</u>	<u>(317) 758-4543</u>
4. Mailing Address (address where all campaign finance correspondence is received)	<input type="checkbox"/> Check if this is a new address
<u>802 S. Ohio Street</u>	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
<u>Sheridan IN 46069</u>	<u>Democratic</u>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
<u>Linda Lou Williams</u>	<u>Democrat</u>
9. Office Sought (include district number, if any. Not required for exploratory committee.)	10. County of Residence
<u>Adams Township Trustee</u>	<u>Hamilton</u>

TYPE OF REPORT**CONVENTION CANDIDATES ONLY**

11. Check one:	Check one:
<input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other	<input type="checkbox"/> Pre-Convention
<input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	<input type="checkbox"/> Post-Convention

12. Reporting Period:	COLUMN A This Period	COLUMN B Year to Date
From: <u>4-9-2010</u> Through: <u>10-15-2010</u>	<u>0</u>	<u>0</u>
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		<u>0</u>

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	<u>2569.37</u>	<u>2569.37</u>
15b. Unitemized	<u>377.00</u>	<u>377.00</u>
15c. Add lines 15a and 15b in both columns	<u>2946.37</u>	<u>2946.37</u>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<u>2946.37</u>	<u>2946.37</u>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<u>1810.80</u>	<u>1810.80</u>
17b. Unitemized	<u>411.10</u>	<u>411.10</u>
17c. Add lines 17a and 17b in both columns	<u>2221.90</u>	<u>2221.90</u>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<u>724.47</u>	<u>724.47</u>
19. Debts OWED BY the committee (use Schedule D)	<u>0</u>	
20. Debts OWED TO the committee (use Schedule E)	<u>0</u>	

CERTIFICATION

FOR OFFICE USE ONLY

I, Treasurer, certify that the information furnished on this form is true, correct and complete.Title Treasurer Date 10/15/2010Date 10/15/2010for sale or used for any commercial purpose (IC 3-9-4-5); a person who knowingly
person who fails to file a complete or accurate report as required by the Indiana
) and may be subject to civil penalties (IC 3-9-4-16 IC 3-9-4-17 IC 3-9-4-18)



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606-R (3/11-25)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization)	<input type="checkbox"/> Check if this is a new name
Linda Lou Williams for Adams Township Trustee	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number
NONE	317-758-4543
4. Mailing Address (address where all campaign finance correspondence is received)	<input type="checkbox"/> Check if this is a new address
802 S. Ohio Street	
5. City, State, ZIP Code	6. Party Affiliation (if applicable)
Sheridan IN 46069	Democratic

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)	8. Party Affiliation or If Independent Candidate
Linda Lou Williams	Democrat
9. Office Sought (include district number, if any. Not required for exploratory committee.)	10. County of Residence
Adams Township Trustee	Hamilton

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:	Check one:
<input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other	<input type="checkbox"/> Pre-Convention
<input type="checkbox"/> Final/Disbands Committee (lines 13, 14, and 20 must be 0)	<input type="checkbox"/> Post-Convention
<input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	

12. Reporting Period:	COLUMN A	COLUMN B
From: 4-9-2010 Through: 10-15-2010	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)	1293.37	1293.37
15b. Unitemized	377.00	377.00
15c. Add lines 15a and 15b in both columns	1670.37	1670.37
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	996.37	2916.97
SUBTOTAL		
TOTAL		

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)	1810.80	1810.80
17b. Unitemized	411.10	411.10
17c. Add lines 17a and 17b in both columns	2221.90	2221.90
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	724.47	724.47
19. Debts OWED BY the committee (use Schedule D)	0	
20. Debts OWED TO the committee (use Schedule E)	0	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Signature of Treasurer	Title	Date
Linda Williams	Treasurer	10/15/2010
Signature of Candidate (if applicable)		Date
Linda Williams		10-15-2010

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. IC 3-2-4-5. A person who knowingly files a fraudulent report commits a Class C felony. IC 3-14-1-13. A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. IC 3-14-1-14. and may be subject to civil penalties. IC 3-9-4-15. IC 3-9-4-17. IC 3-9-4-18.

FOR OFFICE USE ONLY

10/15/2010 10:54 #219 P.001/010

To: 7768218

From: Adams Twp. Trustee



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
Page <u>2</u> of <u>2</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Jesse Williams 802 S. Ohio St. Sheridan IN 46069 Contributor's Occupation (if required) <u>Electrician</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	1100	1100	9/23/10 Linda Williams
2. Barbara Arnold 25487 Six Points Rd. Sheridan IN 46069 Contributor's Occupation (if required) <u>Retired</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$200 xx	\$200 xx	8/11/10 Linda Williams
3. Linda Williams 802 S Ohio St. Sheridan IN 46069 Contributor's Occupation (if required) <u>Trustee</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$1269 ³⁷ 993³⁷	1269 ³⁷ 993³⁷	7/7/10+ misc dates purchases Linda Williams
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$2569 ³⁷		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$2569 ³⁷		



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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year, MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code A Oriental Trading Co. 4206 S. 103rd St. Omaha NE 68137	Retailer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	185.55	185.55	6/19/2010
Code A 4 Imprint 101 Commerce St. P.O. Box 320 Oshkosh, WI 54903-0320	Supplier/Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	659.71	659.71	6/19/10 9/20/10
Code A Discount Copies 100 Mensa Drive Noblesville IN 46062	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	32.10 224.70 13.75	270.55	6/20/10 9/30/10 10/8/10
Code A Town of Sheridan 506 S. Main St. Sheridan IN 46069	Rental Govt.	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	70 100 50	\$220.00	10-14-10 8-10-10 9-22-10
Code A Railers IGA 203 S. Main St. Sheridan IN 46069	Retail Grocery	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	75.00 16.11 107.58	198.69	10-14-10
Code A Card Party Outlet 171 W. Mercantile Noblesville IN 46060	Retail	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	82.55 28.84	111.39	7/3/10 7/1/10
Code A GFS 4574 Lafayette Rd Indianapolis IN 46254	Retail Grocery	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose	164.91	164.91	10/13/10
SUBTOTAL THIS PAGE OF SCHEDULE B			\$1810.80		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$1810.80		